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CONFIRMATION NO. 4409

<b>SERIAL NUMBER</b> 10/797,552	<b>FILING OR 371(c) DATE</b> 03/10/2004 <b>RULE</b>	<b>CLASS</b> 029	<b>GROUP ART UNIT</b> 3726	<b>ATTORNEY DOCKET NO.</b> EIE-064DV
<b>APPLICANTS</b> Carlos A. Aloise, Chino, CA; Gary T. Garman, La Verne, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/125,673 04/18/2002 PAT 6,783,438 <i>ok mfg</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/26/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Man</i> <i>my</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 42
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 26875				
<b>TITLE</b> Method of manufacturing an endodontic instrument				
<b>FILING FEE RECEIVED</b> 1166	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	